# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Daty Capture Official Use Only

MAR 28 2018

Please type or print in ink.

RECEIVED

NAME OF FILER (LAST)  BARBADILLO	(FIRST)		(MIDDLE)  DOMINGO
	GARM		120 Millo CIO
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	COU	incilmemb.	ev
City of Milpitas  Division, Board, Department, District, if applicable	Your Posit		
CITY COUNCIL	Tour Foot		
If filing for multiple positions, list below or on an atta Saufa Clara County Lil Agency: Joint Powers Auth	eachment. (Do not use acronyms)  Wary District  Position:	member	•
2. Jurisdiction of Office (Check at least one bo	DX)		
☐ State	Judge o	r Court Commissioner (Sta	atewide Jurisdiction)
Multi-County	County of	of	
☑ City of Milpitas			
Cal Oily of			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, December 31, 2017.	through Leaving (Check	g Office: Date Left one)	
The period covered is/	, unough	period covered is Januar ring office.	y 1, 2017, through the date of
Assuming Office: Date assumed		period covered isdate of leaving office.	/, through
Candidate: Date of Election	and office sought, if different than F	Part 1:	
4. Schedule Summary (must complete) Schedules attached	► Total number of pages incl	luding this cover pa	ge: <u>3</u>
Schedule A-1 - Investments – schedule attach	ed <b>TYSchedule C -</b> Ii	ncome. Loans. & Busines:	s Positions – schedule attached
Schedule A-2 - Investments – schedule attach	· <del>_</del>	ncome - Gifts - schedule	
Schedule B - Real Property – schedule attach	ed Schedule E - II	ncome – Gifts – Travel Pa	yments - schedule attached
-or-			
□ None - No reportable interests on any s	chedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
455 E Calaveras Blvd.	Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER (\$08) 772 1784	E-MAIL ADDRESS  GGVVY	parhadillo@	1ahro.com
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com			owledge the information contained
I certify under penalty of perjury under the laws of	the State of California that the foreç	oing is true and correct	
Date Signed March 28, 2018	Signature	MAN	
(month, day, year)	,	(Fig. the originally signed staten	nent with your filing official.)

#### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORN	IIA FORM	70	0
FAIR POLITICAL			
Name			
GKMM	BARBA	DIV	D

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
LAW OPPICE OF GAMM BARBADILLO	
LAW OPPICE OF GAMMY BARBADING Name NO CORNING AVE., STE 130 MILPITS, CA 95035	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
Partnership Sole Proprietorship Other  YOUR BUSINESS POSITION WELL	Partnership Sole Proprietorship Other  YOUR BUSINESS POSITION
2. IDENTIFY THE CROSS INCOME RECEIVED (INCOME VOUR PRO DATA	2. IDENTIFY THE CHOCK INCOME RECEIVED (NO. 105. 101.
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT X REAL PROPERTY INCORDING INF. BETS  LAW OFFICE OF CHAPPE BANGAIN MILPITS, OR 9003.	Check one box:  INVESTMENT REAL PROPERTY
Name of Business Entity, if Thvestment, or Assessor's Parcel Number or Street Address of Real Property  LAW 075105	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

comments: Law Office leasing space

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
GARPY BARBADILLO

> 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)  16 CORNING AVE, SAC, 134 MULTIS, CA	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
16 CORMINO AVE, SACI (34 MLETTIS CAT	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 403	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTOKNEY / CWN =N	VOUE BUONESCE POSITION
YOUR BUSINESS POSITION ATTORNEY OWNER	YOUR BUSINESS POSITION
ATTORNET / OW NOT	
GROSS INCOME RECEIVED No Income - Business Position Unity	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000
\$500 - \$1,000  \$1,001 - \$10,000  \$3,001 - \$10,000	\$500 - \$1.000
	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car. boat, etc.)	Loan repayment
Loan repayment	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	Total meshe, as the second
(Describe)	(Describe)
Other	Other(Describe)
(Describe)	
rotail installment or credit card transaction, made in th	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
hanned	Other(Describe)
Comments:	FPPC Form 700 (2016/2017) Sch. (

Please type or print in ink.

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

**COVER PAGE** 

Filed Date: 03/04/2018 11:54 AM

SAN: FPPC

NAME OF FILER (LAST)	(FIRST)		U	ty cierkinoblenice
Grilli	Marsha			MAD AF 2010
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)			K	ECEIVED
City of Milpitas				
Division, Board, Department, District, if a	applicable	Your Position		
		City Council	Member	
▶ If filing for multiple positions, list belo	ow or on an attachment. (Do not use acron)	yms)		
Agency:		Position:		
2. Jurisdiction of Office (Check	at least one box)			
State		Judge or Court	Commissioner (Stat	tewide Jurisdiction)
── Multi-County		County of		
City of Milpitas				
ist only of				
3. Type of Statement (Check at le	ast one box)			
Annual: The period covered is Jan December 31, 2017.	nuary 1, 2017, through	Leaving Office (Check one)	e: Date Left	J
-or- The period covered is December 31, 2017.	, through	O The period leaving officeror-	-	1, 2017, through the date of
Assuming Office: Date assumed		O The period	covered is/_leaving office.	, through
Candidate: Date of Election	and office sought, if differ	ent than Part 1: _		
4. Schedule Summary (must c	omplete) ▶ Total number of pa	ges including	this cover pag	re:4
Schedules attached				
Schedule A-1 - Investments - s	schedule attached X Sched	dule C - Income,	Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - s			- Gifts - schedule a	
Schedule B - Real Property - s	chedule attached Sched	dule E - Income -	– Gifts – Travel Pay	ments – schedule attached
-or-  ☐ None - No reportable intere	sts on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CITY blic Document)		STATE	ZIP CODE
1182 Pescadero St	Milpitas		CA	95035-3013
DAYTIME TELEPHONE NUMBER		ADDRESS		
( 408 ) 205-4769		lli@ci.milpitas		under de la información containe d
herein and in any attached schedules is	preparing this statement. I have reviewed this strue and complete. I acknowledge this is a	a public documen	t.	owledge the information contained
I certify under penalty of perjury und	ler the laws of the State of California that	the foregoing is	true and correct.	Julle
Date Signed03/04/2018 1	1:54 AM Signatur	e	Electronic S	Submission
(month, day, ye	<u> </u>		he originally signed stateme	nt with your filing official.)

#### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Marsha Grilli

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Marsha Grilli	
Name	Name
1182 Pescadero St , Milpitas	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS preschhol/daycare	GENERAL DESCRIPTION OF THIS BUSINESS
presentionalyeare	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000/	\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 - \$10,000
\$2,000 - \$10,000   ST0,000   ST0,0	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000
\$1,001 - \$10,000	U \$500 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
resource realization of substitutions of result reports	The second of the second secon
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  ☐ \$2,000 - \$10,000
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property	Yrs. remaining  Check box if additional schedules reporting investments or real property
are attached	are attached

Comments:\_

### SCHEDULE D Income - Gifts

NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
SCCAOR	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1651 N. First St, San JOSE, CA 95112	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 / 20 / 17 <sub>\$</sub> 120 Dinner	\$
	\$
	\$
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Armando Gomez	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1487 Yosemite Dr, Milpitas	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
public relations	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07 / 10 / 17 \$ 250 2 dinner tickets	\$
	\$
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	<b>  </b>

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Marsha Grilli

1. INCOME RECEIVED     NAME OF SOURCE OF INCOME	➤ 1. INCOME RECEIVED  NAME OF SOURCE OF INCOME	
Marsha Grilli	Dennis GRILLI	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1182 Pescadero , Milpitas Ca 95035	1182 Pescadero St Milpitas Ca 95035	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	retired	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
owner	retired/pension	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$11,001 - \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  Sale of (Real property, car, boat, etc.)  Loan repayment  Commission or Rental Income, list each source of \$10,000 or more (Describe)	retired/pension  GROSS INCOME RECEIVED  No Income - Business Position Only \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  Sale of  (Real property, car, boat, etc.)  Loan repayment  Commission or Rental Income, list each source of \$10,000 or more  (Describe)	
(Describe)	(Describe)	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	%	
ADDITED (Dualities Addition Acceptable)	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence	
	C Deal Presents	
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address	
\$500 - \$1,000		
\$1,001 - \$10,000	City	
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	C out	
	Other(Describe)	
Comments:	EDDG 5 700 (2017/2018) Col.	

Please type or print in ink.

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

**COVER PAGE** 

Filed Date: 03/26/2018 09:00 AM SAN: FPPC

(FIRST) (MIDDLE) NAME OF FILER (LAST) Nunez Robert lity Clerk's Office 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position City Council Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of \_\_\_\_\_ ☐ Multi-County \_ City of Milpitas Other \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_\_ Annual: The period covered is January 1, 2017, through December 31, 2017. (Check one) -or-The period covered is 12 / 13 / 2016, through ○ The period covered is January 1, 2017, through the date of leaving office. December 31, 2017. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. Candidate: Date of Election \_\_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) CA 95035-5411 Milpitas 455 E Calaveras Blvd DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (408) 586-3001 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 03/26/2018 09:00 AM Electronic Submission Date Signed Signature \_ (File the originally signed statement with your filing official.) (month, day, year)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Child Gilling, Received Office

APR 02 2018

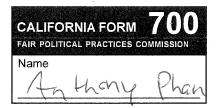
Please type or print in ink.		RECEIVE
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
YHAN	AN MON ?	J04N
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)	C and line	
City of Milpitas	Conal Me Your Position	mber
Division, Board, Department, District, if applicable  Lity Council	Your Position	
▶ If filing for multiple positions, list below or on an atta	achment. (Do not use acronyms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at least one bo	) (xc)	
State	☐ Judge or Court Commission	oner (Statewide Jurisdiction)
Multi-County	County of	
City of Milpitas		
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2017, 1 December 31, 2017.	through Leaving Office: Date Leaving Office (Check one)	eft
The period covered is/	, through	s January 1, 2017, through the date of
Assuming Office: Date assumed	The period covered is the date of leaving of	s/, through ffice.
Candidate: Date of Election	and office sought, if different than Part 1:	
4. Schedule Summary (must complete) Schedules attached	► Total number of pages including this co	ver page:
Schedule A-1 - Investments – schedule attache	ed Schedule C - Income, Loans, &	Business Positions – schedule attached
Schedule A-2 - Investments – schedule attache		
Schedule B - Real Property - schedule attache	ed Schedule E - Income – Gifts – T	Travel Payments - schedule attached
-or-		
☐ <b>None -</b> No reportable interests on any s	chedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STAT	E ZIP CODE
455 E Calaveras Blvd.	Milpitas CA	95035
DAYTIME TELEPHONE NUMBER (408) 586-3032	aphan aci.n	nilpitas. ca.gov
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and comp	atement. I have reviewed this statement and to the best oplete. I acknowledge this is a public document.	of my knowledge the information contained
_	the State of California that the foregoing is true and	correct.
Date Signed March 3), 2018	Signature	on the
(month, day, year)	File the originally sign	gned statement with your filing official.)

#### SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FOR	
Name An Hony	Phan

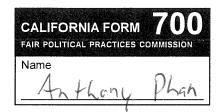
► 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Pinnacle Strategy			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
615 San Benito St. Hollister			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Principal			
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only		
\$10,001 - \$100,000 OVER \$100,000	\$1,001 - \$10,000 \$1,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income		
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other(Describe)	Other(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE			
retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws:		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
ADDRESS (Dusings) Address Assert-Link	% None		
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN		
	None Personal residence		
BUSINESS ACTIVITY, IF ANY, OF LENDER	Note Translation		
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Street address		
<u>\$500 - \$1,000</u>	City		
\$1,001 - \$10,000	City		
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	_		
	Other(Describe)		
	1		
Comments:			

### SCHEDULE D Income – Gifts



▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)			
Armando Gomez Consulting	California Association of Real to			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1487 Yosemite Drive, Milpitas	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
NA	N/A			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
07,15,17,300 Christmas in July Ticket	01/2011 , 100 Installation Gat			
	\$\$			
► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)			
HISPANIC FOUNDATION	SVO PAC			
ADDRESS (Business Address Acceptable)	ADDRESS, (Business Address Acceptable)			
1922 The Alameda, Santose	101 W Santa Clara St San Jose			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
$\mathcal{N}A$	NA			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
10,21,17 \$ 250 Gala tickets	0509,17, 24 "Uncontred Ticket			
	08,24,17 , 24 PAC BBQ			
	\$			
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)			
NAIOP Silicon Valley	Opterra			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
69 Lester Ave, San Jose	500 12th St. Oakand			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
NA	NA			
DATE (mm/dd/yy) VALUÉ DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
12,7,17,\$85 Luncheon Tickets	11,0817 : 100 SVEF Ticket			
	\$			
Comments:				

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)		
US-China Friendship City Network			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
ADDRESS (Business Address Acceptable)  1742 White Catt Lane  CITY AND STATE  Union City (A 9458-7)			
CITY AND STATE	CITY AND STATE		
Union City, A 94187			
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE(S): 3,29,17-4,5,17 AMT: \$ 1750	DATE(S):		
► MUST CHECK ONE: Gift -or- Income	MUST CHECK ONE: ☐ Gift -or- ☐ Income		
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel		
Other - Provide Description	Other - Provide Description		
► If Gift, Provide Travel Destination  Chenge V  1 Change Ching	▶ If Gift, Provide Travel Destination		
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
CITY AND STATE	CITY AND STATE		
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE(S):/ AMT: \$	DATE(S):/		
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income		
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel		
Other - Provide Description	Other - Provide Description		
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination		
Comments:			
·			



#### STATEMENT OF ECONOMIC INTERESTS

Cate Initial Filing Received City Clerk's Office

**COVER PAGE** 

MAR 3 0 2018

Please type or print in ink.			DECEMEN
	(FIRST) ZICHARD		QUOC
. Office, Agency, or Court			
Agency Name (Do not use acronyms)		^	
City of Milpitas	MAL	215	
Division, Board, Department, District, if applicable	Your Position		
CITY COUNCIL			
▶ If filing for multiple positions, list below or on an attachme	nt. (Do not use acronyms)		
Agency:	Position:		
. Jurisdiction of Office (Check at least one box)			
☐ State	☐ Judge or Co	ourt Commissioner (Sta	tewide Jurisdiction)
Multi-County	County of _		
☐ City of Milpitas			
E ONY OI	Other		
. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, through December 31, 2017.	h Leaving On	ffice: Date Left	J
The period covered is/	, through On The per leaving	-	1, 2017, through the date of
Assuming Office: Date assumed/		iod covered is/. e of leaving office.	, through
Candidate: Date of Election and		<del>-</del>	
I. Schedule Summary (must complete) ► To Schedules attached	otal number of pages includ	ing this cover pag	
Schedule A-1 - Investments – schedule attached	Schedule C - Incor	ne Loans & Business	Positions – schedule attached
Schedule A-1 - Investments – schedule attached	Schedule D - Incor	• *	
Schedule B - Real Property – schedule attached	<del></del>		ments - schedule attached
-or-		,	
X None - No reportable interests on any schedu	ule		
. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 455 E Calaveras Blvd.	Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(408) 586-3029			
I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.			wledge the information contained
I certify under penalty of perjury under the laws of the S	tate of California that the foregoin	g is true and correct.	
		00	
Date Signed March 2018	Signature		
(month, day, year)	(	File the originally signed stateme	nt with your filing official.)